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I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 22, 2005  
Alicia Falkenbach

Name Alicia Falkenbach

Signature July 22, 2005

Date of Signature

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Scott et al.

Examiner: Laurie A. Scheiner

Filed: June 4, 2001

Art Unit: 1648

Serial No. 09/873,881

For: Recombinant Multivalent Viral Vaccine

### RESPONSE

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
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Sir:

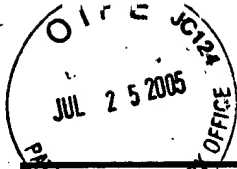
This communication is in response to the Office Action dated February 22, 2005.

Remarks begin on page 2 of this paper.

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450.00 OP



<b>FEE TRANSMITTAL</b> <b>For FY 2005</b> Effective on 12/08/2004 Fees pursuant to Consolidated Appropriations Act. 2005 (H.R. 4818)	<b>Complete if Known</b>		
	Application Number	09/873,881	
	Filing Date	June 4, 2001	
	First Named Inventor	Scott, et al.	
	Examiner Name	Scheiner, Laurie A.	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1648	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>\$450.00</b>	Attorney Docket No.	18617.0075

**METHOD OF PAYMENT (check all that apply)**

- ☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account    Deposit Account Number: 08-2442    Deposit Account Name: Hodgson Russ LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
-20 or HP = _____ x _____ = _____				
HP = highest number of total claims paid for, if greater than 20				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
-3 or HP = _____ x _____ = _____				
HP = highest number of independent claims paid for, if greater than 3				

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

Non-English Specification,	\$130 fee (no small entity discount)	Fees Paid (\$)
Other: <u>Response to Office Action filing fee</u>		\$450.00

<b>SUBMITTED BY</b>		
SIGNATURE		Registration No. (Attorney/Agent) 50,846
NAME (Print/Type)	John D. Lopinski	Telephone 716-856-4000
		Date July 22, 2005

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